HEALTH AFFAIRS

TRICARE Management Activity

TRICARE Management Activity

WELCOME

IM/IT SPEAKER TRACK

Moderator: Colonel Garry Stanberry

Military Health System

TRICARE

TRICARE Management Activity

TRICARE 3.0 RFP

Clinical Information Exchange

2000 TRICARE Conference

2 February 2000

Clinical Programs & Information Exchange

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‘…the offeror shall describe its strategy and process (es)…”

Case Management Program

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- Joint MCSC and MTF operation
- Catastrophic cases will be identified by the MTF Commander (primarily by diagnosis types)
- Contractor will provide comprehensive case management services for each case

Utilization Management Program

- Joint MCSC and MTF operation
- Focused on inpatient care of MTF enrollees in civilian facilities
- Will begin when inpatient care extends beyond initial authorization by the MTF
- Contractor will fax UM decisions to the MTF Commander on the same day of decision

Demand Management Program

- Contractor shall establish an advice service for beneficiaries with:
  - appropriately licensed health care professionals
  - current, evidence based information & protocols

Demand Management Program

MHS

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- Recommendations provided by the advice service will be forwarded to the beneficiary's
  - PCM
  - medical record
  - within 24 hrs (or sooner if clinically indicated)

Specialty Consultation

- Consultation report delivered to the beneficiaries PCM within 72 hrs
- Urgent situations will require a preliminary report sooner
- Joint MCSC and MTF development of a monitoring process
  - electronic referral consult tracking between the network and PCM

Specialty Consultation

- Monitoring intended to document
  - occurrence of referral treatments
  - timeliness of follow-up
  - compliance with contractual agreements
- The use of the CHCS MCP module will be considered favorably

Government Pharmacy Data Transaction Service

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Additional Desired Information Exchanges

- Inpatient discharges, operative reports, laboratory and radiology results
  - electronic format
  - within 48 hrs
- Specialty documents
  - EKGs, fetal monitoring , cardiac images, radiological images

MHS

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MCS 3.0 Financing Basics

- **Incentivizes Contractor & MTF to make economic choices reducing total MHS cost**

- Gov’t has sole fiscal responsibility for MTF enrollees (vs. shared)
  - Strengthening incentives to manage their care

- Gov’t and Contractor share fiscal responsibility for Non-MTF Enrollees (NMEs)
  - 1st $ 50/50 risk sharing (vs. 80/20) enhances incentives to make admin investments which will reduce health care cost

MCS 3.0 Financing Basics (cont.)

- MTF/Svc earns market prices for any care provided to Non-MTF Enrollees (vs no effective reimbursement)
  - Strengthening incentives to maximize use of MTF fixed costs/assets
- Monthly financial reconciliation (vs. annual)
  - Immediacy of impact strengthens all fiscal incentives

Significant IM Changes Required: Accurate MTF CPT Coding

MHS

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- 7 Character coding
- Coding of inpatient procedures
- Education of providers and admin personnel
- Failures will result in lost funding via audit process:
  - External audits of sampled data
  - Results used to adjust MTF offsets

Significant IM Changes Required: Accurate/Present Patient Records

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- Audit will require presence of patient records
- Outpatient record control remains a problem
- Lack of record will mean lost funding for MTF

Timelines

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REGION	START	IM CAPABLE OPTIMAL	IM CAPABLE DROP DEAD
11	MAR 02	MAR 01	SEPT 01
6	NOV 02	NOV 01	MAY 02

** IF EXTENSION CANNOT BE NEGOTIATED*

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